

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT								
(T		ne 1 of the preceding calendar year through June 1 of this year and is du	e on June 30)					
NAME:	Catherine Lagareta	STATE POSITION: Member, Boa			l: oard of Regents			
STATE AGENCY: University of Hawaii			STATE TEL. NO.: 956-8213					
STATE MAILING	ADDRESS: 2444 Dole Street, Bach Honolulu, Hawaii 9682	man Hall 209 2						
1 DONOR		2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE			
NONE				Ø ·	Ø			
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	STATE OF HAMAII STATE ETHICS COMMISSION					
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Check here if you have attached additional sheets.						

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: Litture of Light and Complete Statement.

DATE: June 14, 2004